



**School District No. 73
LOWER RISK FIELD TRIP
INFORMATION & CONSENT FORM**

Principal's approval: _____
Please return before: _____

Activity: Young Artist's Conference
Location: Thompson Rivers University **Date (s):** Wednesday, April 29, 2020
Time(s): Registration: 8:15-8:30 a.m. Pick up at: 2:00 p.m.

Overview Itinerary for the Field Trip Program:

Students register between 8:15 and 8:30 a.m. in the **Old Main Building** at TRU. After a welcome statement and announcements, students attend 2 artists workshops with artists on the campus. **A packed lunch is required.** There is limited time to purchase food on site. Sessions end at 2:00, and all students must be picked up by 2:15.

Please see the Young Artists' Conference website for more information: <http://youngartists.blogs.sd73.bc.ca/>

****PLEASE MAKE YOUR OWN ARRANGEMENTS FOR YOUR CHILD'S TRANSPORTATION****

Parent Helpers Required Yes No Lunch Required: Yes No
Fees to Be Paid Yes No Amount Required: \$25.00
Please make cheques payable to your child's school.

PERMISSION SLIP

Please return this page to your child's teacher / school.

Student's First Name: _____ Last Name: _____
Grade: _____ School: _____

I have read and am informed about the proposed field trip to School District No. 73 Young Artists' Conference @ TRU
On Wed, April 29, 2020 I request that my child _____ participate in this trip.
I understand there is a cost involved and have enclosed \$ 25.00 with this consent form.

I, the undersigned parent or guardian of the above named student, request that my son/daughter be allowed to participate in the event described above. Both my son/daughter and I understand that the Kamloops / Thompson District Student Code of Conduct applies on all field trips. The use of alcohol or drugs and or inappropriate student conduct may result in suspension from school. Students engaging in these behaviours are liable to be sent home at their families' expense.

I, _____, give permission to have photographs of my child taken in conjunction with the Young Artists' Conference and Art Show, to be used for the purposes of educational publications and district and conference promotion. I also allow the district to use images of his/her work for the same purposes.

Note any medical conditions or medication of which the staff and supervisors should be aware:

Parent / Guardian Name: _____
Parent / Guardian Signature: _____
Home Phone: _____ Cell Phone: _____